

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

|                                                                           |                                                                                   |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P94000067957</b>                                            |  |
| <b>1. Entity Name</b><br>KLEIN PRODUCTIONS LIVE SOUND REINFORCEMENT, INC. |                                                                                   |

|                                                                                        |                                                                            |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>1810 RIVERSIDE DRIVE EAST<br>BRADENTON, FL 34208 | <b>Mailing Address</b><br>1810 RIVERSIDE DRIVE EAST<br>BRADENTON, FL 34208 |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|



04092006 No Chg-P CR2E034 (11/05)

|                                    |                                                                                 |
|------------------------------------|---------------------------------------------------------------------------------|
| <b>4. FEI Number</b><br>65-0524103 | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|---------------------------------------------------------------------------------|

|                                                                  |                                       |
|------------------------------------------------------------------|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|------------------------------------------------------------------|---------------------------------------|

**DO NOT WRITE IN THIS SPACE**

|                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br>KLEIN, TERRENCE A<br>1810 RIVERSIDE DR. E.<br>BRADENTON, FL 34208 |
|---------------------------------------------------------------------------------------------------------------------------------|

**DO NOT WRITE  
IN THIS SPACE**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

000000506837  
04/27/06-80040-005 150.00

| 10. OFFICERS AND DIRECTORS                                                 |                                                                  |
|----------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | P<br>KLEIN, TERRENCE A<br>1810 RIVERSIDE DR. E.<br>BRADENTON, FL |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                  |

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Terrence A. Klein (Terrence A. Klein) 4/10/2006 (941)-746-4432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #